

# ALL MISSION INDIAN HOUSING AUTHORITY

27368 Via Industria, Suite 113, Temecula, CA 92590  
Phone 951-760-7390 Fax 951-760-7394 [www.amiha.org](http://www.amiha.org)



U.S. DEPARTMENT of the TREASURY

## EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM

The Emergency Rental Assistance Program provides financial assistance to eligible households for rent and utility cost payments and other housing expenses to help alleviate the financial hardships endured from loss of income and increased costs due to the COVID-19 pandemic.

Eligible households may receive up to twelve (12) months of assistance (plus an additional three (3) months if necessary to ensure housing stability for the household, (subject to the availability of funds). Funding is available for past due rent and utilities but not prior to March 13, 2020. Program funding is available thru September 30, 2022, or until funds are spent.

Applications cover three (3) months of assistance. To receive additional assistance, you must reapply every three (3) months.

This program is only available to rental households and does not apply to households with a mortgage or who currently own their home. ***Participants living in AMIHA managed homes are eligible for this program if the household meets all other program requirements.***

Emergency Rental Assistance funds cannot be applied to costs that have been or will be reimbursed under any other federal, state, or local assistance. (**Services may not be duplicated**)

### **Program Requirements:**

- A household must be obligated to pay rent on a residential dwelling; and
- One or more individuals within the household has qualified for unemployment benefits or experienced a reduction in household income, incurred significant costs, or experienced other financial hardship due, directly, or indirectly, to the COVID-19 outbreak; and
- One or more individuals within the household can demonstrate a risk of experiencing homelessness or housing instability; and
- The household income is at or below **80% of area median income**

### **Submit the following documentation for each household member with your application-**

- Completed application
- Valid Photo ID (Tribal Card, Driver's License or Passport)
- Proof of tribal enrollment from participating tribes- Cahuilla, La Jolla, Morongo, Pauma, Santa Ynez, Soboba, Torres Martinez, Viejas
- Landlord
  - Form W-9
  - Copy of Current lease
  - Eviction Notice, Late Notice
- Utility Bills
  - Copy of utility bill, current and/or pass due if applicable. (Utility bill must be for rental address on lease and include name and account number)
- Income Verification for each member Eighteen (18) or older, please submit one of the following for all household members receiving income
  - 2020 Tax Returns- copy of Form 1040 as filed with IRS (including W-2's and/or 1099's) for each household member. (*If requesting payment for rent or utilities incurred in 2020*)
  - Last three months of Check Stubs per job for each household member.
  - Per Capita and/or Revenue Sharing verification
  - Unemployment- Full print out from EDD showing your amounts.
  - Child Support and/or Spousal Support
  - Social Security/SSI/Disability, Survivors, Workman's Comp Benefits
- Loss of income
  - Letter or Email from employer showing your termination, lay off, furlough status, or decrease in hours.
  - Documents showing loss or reduction in household income.
  - Documents showing any other loss of income.
- Documents showing unsafe or unhealthy living conditions, homelessness.
- Documents showing risk of housing instability.
- Any required attestations as needed.
- Other documents as needed.

OFFICE USE:  
 Date Submitted: \_\_\_\_\_  
 B/T 30% & 50%: \_\_\_\_\_  
 B/T 50% and 80%: \_\_\_\_\_

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## EMERGENCY RENTAL ASSISTANCE (ERA) PROGRAM APPLICATION

### APPLICANT INFORMATION:

Name Of Applicant: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ Message Number: \_\_\_\_\_

Is Applicant a Tribal Member? Yes \_\_\_ No \_\_\_ Tribe \_\_\_\_\_ Enrollment# \_\_\_\_\_

Do You Live on An Indian Reservation? Yes \_\_\_ No \_\_\_ Residing Reservation \_\_\_\_\_

### TENANT RENTAL OBLIGATION INFORMATION:

Do You Rent or Own the Home in Which You Are Living? Rent \_\_\_ Own \_\_\_ Monthly Rent: \_\_\_\_\_

Have You or Any Member of Your Household Applied for Emergency Rental or Utility Assistance Through the State, Tribe, or any Other Source? Yes \_\_\_ No \_\_\_ If yes, attach verification.

| Assistance received from: | Months received | Amount received |
|---------------------------|-----------------|-----------------|
|                           |                 |                 |
|                           |                 |                 |
|                           |                 |                 |
|                           |                 |                 |

### FAMILY COMPOSITION:

| Name (Include Applicant) | Relationship | Date Of Birth | Age | Disabled Yes or No | Social Security # |
|--------------------------|--------------|---------------|-----|--------------------|-------------------|
| 1.                       | Applicant    |               |     |                    |                   |
| 2.                       |              |               |     |                    |                   |
| 3.                       |              |               |     |                    |                   |
| 4.                       |              |               |     |                    |                   |
| 5.                       |              |               |     |                    |                   |
| 6.                       |              |               |     |                    |                   |
| 7.                       |              |               |     |                    |                   |
| 8.                       |              |               |     |                    |                   |

**Must provide a copy of a Social Security Card for every household member.**

**HOUSEHOLD INCOME:**

Have you or any individual in your household receive unemployment benefits on or after March 13, 2020?

Yes \_\_\_\_\_ No \_\_\_\_\_

List all household sources of income for each household member 18 and older. Applicant must submit current household's monthly income at the time of application; such as, check stubs, EDD unemployment statement or a copy of Form1040, if requesting payment for rent or utilities incurred in 2020.

| Name         | Source of Income<br>(Include name of company/organization) | Monthly Gross Income. | Annual Income |
|--------------|--|-----------------------|---------------|
| 1.           |  |                       |               |
| 2.           |  |                       |               |
| 3.           |  |                       |               |
| 4.           |  |                       |               |
| 5.           |  |                       |               |
| <b>TOTAL</b> |  |                       |               |

**Financial Hardship**

Have you or anyone living in your household experienced any of the following financial hardship due, directly, or indirectly, to the COVID-19 pandemic? (Check all that apply and attach supporting documentation for each hardship.)

- A reduction in household Income
- Loss of Employment / Temporary Layoff / Furlough
- Reduction in hours / pay
- Unable to work or experiencing financial hardship due to no childcare/school
- Underlying medical condition requiring staying home to prevent exposure
- Loss of self-employment/business income (income is reported on IRS form 1040)
- Disabled and enduring increased costs because of the COVID-19 pandemic
- Incurred significant costs (hospital bills, medication costs, etc.)
- Other financial hardship; Please list

**HOUSING INSTABILITY**

Have you or anyone in your household experienced or are experiencing or are at risk of experiencing homelessness or any housing instability due to COVID19? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide documentation, (rent notice/eviction notice, or documentation of any other evidence of risk)

Do you need assistance to pay Rent? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you need assistance to pay Utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_ Past Due Rent Notice or Eviction Notice  
\_\_\_\_\_ Past Due Utilities  
\_\_\_\_\_ Unsafe or Unhealthy Living Conditions  
\_\_\_\_\_ Any other evidence of such risk

Please explain:

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**Please explain your inability to pay rent, and/or utilities due to the COVID19 outbreak:**

**ATTESTATION**

**SELF-CERTIFICATION**

I do hereby certify that my household composition is true and correct and my household income represents income for every member of my household over the age of 18. I further acknowledge that falsification of information or any material falsehoods or omissions in my application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties.

I give consent/authorization to the All Mission Indian Housing Authority and its respective agents, and employees to share, disclose, analyze, and discuss all documentation and information provided within this application and in subsequent communications related to the Federal Emergency Rental Assistance Program.

\_\_\_\_\_  
**Signature (Applicant)**

\_\_\_\_\_  
**Date**

This project is being supported, in whole or in part, by federal award number [enter project FAIN] awarded to All Mission Indian Housing Authority by the U.S. Department of the Treasury.

**Office Use Only**

**Date Received Application:** \_\_\_\_\_

**Date Application Completed:** \_\_\_\_\_

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- One or more individuals within the household has **qualified for unemployment benefits** or experienced a **reduction in household income**, incurred **significant costs**, or experienced other **financial hardship** due, directly, or indirectly, to the **COVID-19 outbreak**; and
- One or more individuals within the household can **demonstrate a risk of experiencing homelessness or housing instability**; and
- The household income is at or below **80% of area median income**

**Approved:** YES NO if no please explain: \_\_\_\_\_

**Other ERA Agency #MO:** \_\_\_\_\_ **AMIHA ERA #MO:** \_\_\_\_\_ **Total #MO:** \_\_\_\_\_

**Area Median Income:** \_\_\_\_\_

**ERA Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ERA Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Referral Provided to Applicant:** \_\_\_\_\_